

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/701210

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		2		
12		1		2		
13		1		1		
14		1		1		
15		1		2		
16		1		1		
17		1		1		
18		1		1		
19		1		1		
20		1		1		
21		1		1		
22		1		1		
23		1		1		
24		2		2		
25		2		2		
26		2		2		
27		1		2		
28		1		2		
29		1		2		
30		1		1		
31		1		1		
32		1		1		
33	1		1			
34		1		1		
35		1		1		
36	1		1			
37		1		1		
38		1		4		
39		1		4		
40		1		4		
41		1		4		
42		1		4		
43		1		4		
44		3		3		
45		11		1		
46		11		1		
47						
48						
49						
50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		↓	72	↓		↓
TOTAL CLAIMS			75			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831

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